RESERVE 19: Special Dietary Needs Form

Special Dietary Needs Form

INSTRUCTIONS: The purpose of this form is to communicate special dietary needs, food allergies, etc., for any child, teen, or adult who will be attending 4-H camp.

Please complete this form and send it to your 4-H camp center (Attention: Program Director and Food Service Director) no less than 2 weeks prior to your 4-H camp.

NAME: _______________________________

UNIT (County/City): _______________________________

CHECK ONE:

☐ Camper (5-13 years old) ☐ Counselor-in-training (13-14 years old)

☐ Teen Counselor (14-18 years old) ☐ Adult volunteer or Extension faculty/staff

In the space below, please list all food allergies for the person listed above and any necessary precautions that should be taken:

In the space below, indicate any food restrictions (non-allergy) for the person listed above and food substitutes that may be considered: